



Health
Budgets &
Financial
Policy



2010 UBO/UBU Conference

Briefing: **DoD Disability
Evaluation System (DES) /
Medical Evaluation Board
(MEB)**

Date: **24 March 2010**

Time: **1010-1100**



- Understand the Disability Evaluation System (DES) process
 - Understand the data collection issues
 - Understand planned “work arounds”
- Understand a Medical Evaluation Board (MEB)
- Realize that MEBs are only part of the DES
- Understand the MTF interface with the VA and billing





- Recognize information needs of the member, MHS, and VA
 - Data may not be readily available using the standard automation & coding systems in a typical way
- Be aware of the need to standardize key processes of Pilot DES across Service MTFs
- Be able to list three reasons why it is important to collect the DES data
- Be able to list three different types of data and how each is collected





Disability Evaluation System

- The Disability Evaluation System (DES) is about taking care of our wounded, ill, and injured service members
- The DoD bases its evaluation on disability
 - Not being able to meet the mission
 - Not being able to do the job
 - Tries to keep the service member
- The VA bases their evaluation on inability
 - Not being able to do activities of daily living
 - VA does not consider ability to do the job; just unemployability





Disability Evaluation System (DES)

- Used to evaluate service members with medical conditions that make them potentially unable to meet medical standards
- Based on findings, used to separate or reclassify service members who are unable to fulfill the duties of their current office, grade, rank, or rating
- It is a personnel management tool to “maintain a fit force”





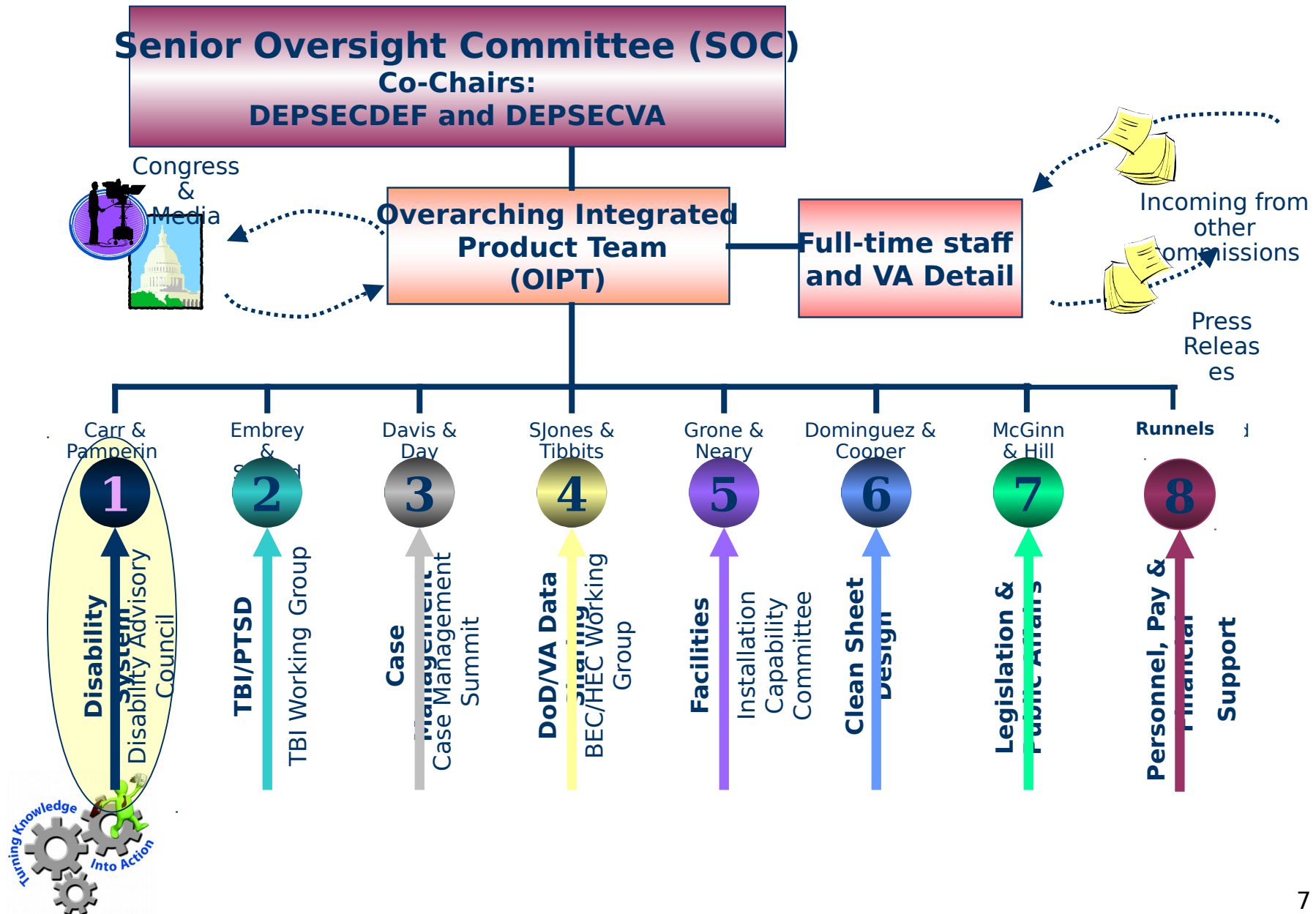
Disability Evaluation System

- Begins: When a DES-trained provider assessment calls into question the service member's ability to meet medical retention standards to perform military duties
- Ends: When the service member returns to duty, separates (with or without compensation), or retires for disability or length of service
- Two functional areas in DoD collaborate to operate DES:
 - Medical (Examination and disposition by an MEB)
 - Personnel communities (Physical Evaluation Board [PEB])
 - Legal is involved too (provides legal advice to the service member)





We Organized Ourselves...





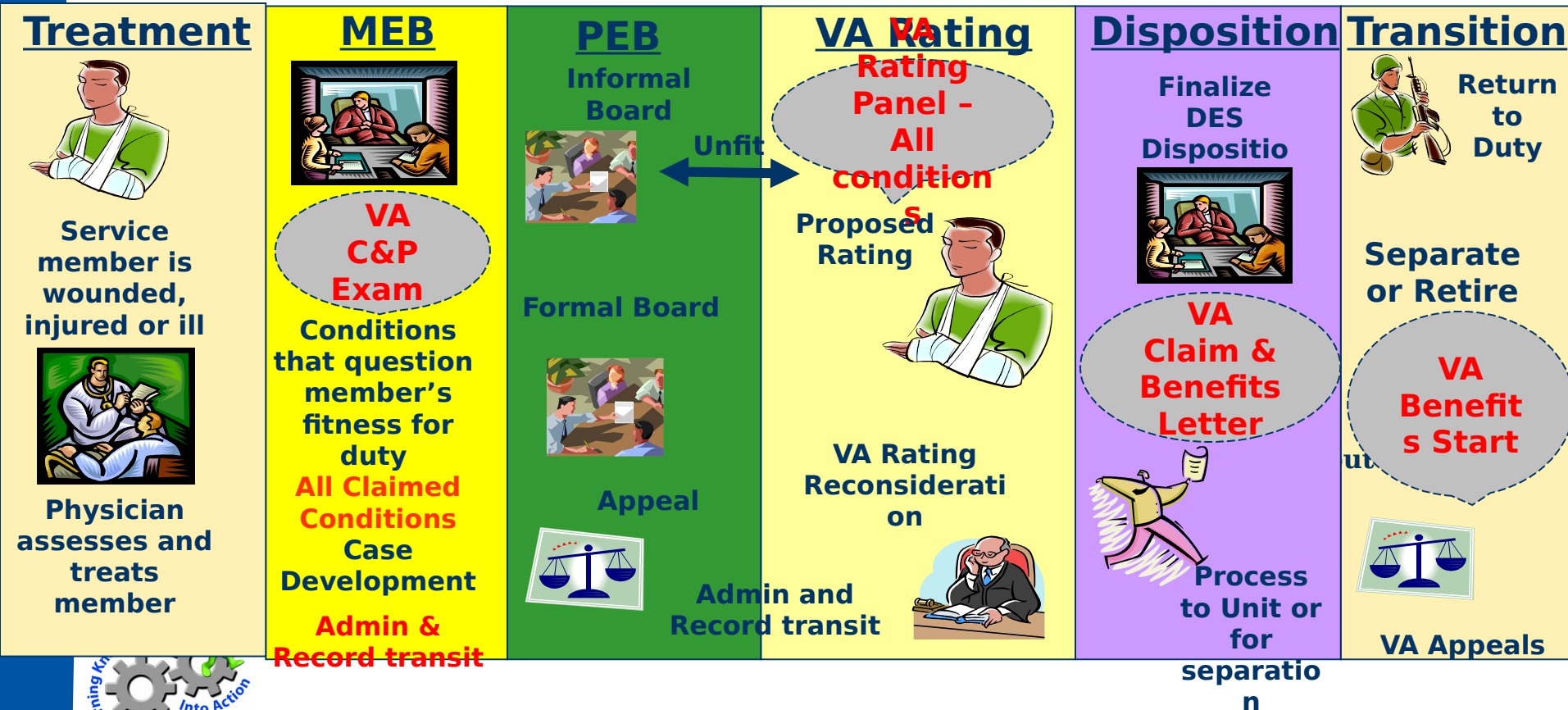
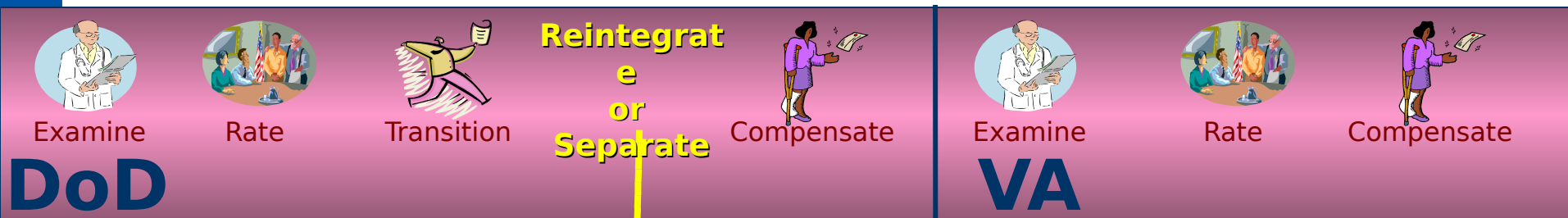
What We're Trying to Change

- PROBLEM: To some, it appears that the Disability Evaluation System is complex, confusing, duplicative, adversarial, and lacks transparency and advocacy
- VISION: A seamless and transparent DES, within statute, administered jointly by DoD and the VA
- PILOT GOALS:
 - Less complex and non-adversarial
 - Faster, more consistent evaluations and compensation
 - Single medical exam and single-source disability rating
 - Seamless transition to Veteran status
 - A continuum of care – advocacy and expectation management





DES Pilot Process - Review





In the Pilot We're Measuring...

- MEB Phase Processing
 - 80-day goal
- Challenges
 - DES case manager and MSC staffing
 - Assembling complete service member treatment record (STR)/DES case (claim) file
 - Standardizing MEB across Services
 - Take advantage of New Pilot Process (MEBs to PEBs)
 - Develop standard AHLTA/CHCS coding & processes
 - Standardize NARSUM/MEB package – DES User Interface (UI) (fielding in April 2010)
 - DoD & VA Systems Interoperability
 - Bidirectional health Information exchange (BHIE)
 - Logistics of single disability exam





In the Pilot We're Measuring...

- Challenges
 - Areas we can improve
 - MEB Narrative summary (NARSUM) dictation time
 - Quality of NARSUM for MEB/PEB
 - The new User Interface (UI) program should help
 - Cases Returned to Duty by MEB/PEB
 - Reworked packages take time
 - Quality MEB critical especially if MEB rebuttal
 - Involves impartial Medical Provider





Initial MEB Satisfaction Survey Analysis

| Overall Descriptive Statistics for MEB Survey Findings | |
|---|--|
| Overall DES Experience – Satisfaction with overall DES Pilot experience | |
| Overall Satisfaction with MEB – Satisfaction with case management, medical care and the MEB process in general | |
| Timeliness of MEB Process – Timeliness of the process since entering the DES Pilot | |
| Procedural Justice – Belief in fairness of the process | |
| Distributive Justice – Belief in the fairness of the outcome of the process | |
| Assurance – Courteousness received from the DES case managers (PEBLOs & MSCs) and ability to speak one's mind | |
| Empathy – Belief that DES CM & MSCs have the members' best interests in mind | |
| Reliability – Belief that DES CM & MSCs execute DES tasks dependably and accurately | |
| Responsiveness – DES CM & MSCs willingness to provide prompt service | |
| Helpfulness – DES CM & MSCs being helpful to members and their families | |



1 – Very poor; **2** – Poor; **3** – A mix of poor and good; **4** – Good; and **5** – Very Good



Terminology Overview

- MENBA – Mission Essential Non-Benefit Activity
- MEB – Medical Evaluation Board
- PEB – Physical Evaluation Board
- DES Case Manager
- MERS – Medical Evaluation for Retention Workcenter
 - Activities involving administrative and clinical personnel at MTF in DES





MENBA - Military Essential Non-Benefit Activity

- Tasks done by MTF personnel which may not be related to maintenance of health, return to health and mitigation of adverse health conditions **BUT which must be done to meet the mission**
- Frequently OSHA (Occupational Safety and Health Administration)
 - Hearing Conservation, Food Inspection, Air Sampling
- Personnel
 - Patient transport between MTFs
 - Disability assessments (a personnel system issue – can the service member meet Service's medical retention standards)





MENBA - Military Essential Non-Benefit Activity

- Bottom Line:
 - Things for which a provider would not usually receive payment from an insurance company, and
 - Frequently do not have CPT codes





Medical Evaluation for Retention - Initiation of the MEB Process of DES

- DES-trained provider evaluates/documents conditions that do not meet Service medical retention standards and ensures accommodation is no longer possible
- DES case manager (PEBLO) initiates DES case file/counsels member
 - Case data elements are collected in the **User Interface (UI)**, an automated system permitting visibility to all involved, tracking timelines, sending reminders...
 - The UI is updated throughout the process





Medical
conditions to
be
considered
as the basis
of fitness for
duty
determination

ATTACHMENT A: VA Form 21-0819 (Jun 2009)

| Department of Veterans Affairs | | OMB Approval No. 2600-0704 Respondent Burden: 70 minutes |
|---|---|---|
| VA/DOD JOINT DISABILITY EVALUATION BOARD CLAIM | | VA DATE STAMP (DO NOT WRITE IN THIS SPACE) |
| IMPORTANT - Please read the Privacy Act and Respondent Burden on the back before completing the form. | | |
| Section I: To be completed by Military Treatment Facility referring service member to Disability Evaluation Section | | |
| SERVICE MEMBER NAME (Last, middle, first) | | GRADE |
| COMPONENT | UNIT ADDRESS | |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| NAME AND PHONE NUMBER OF ASSIGNED DISABILITY EVALUATION BOARD LIAISON OFFICER (If any) | NAME OF REFERRING MILITARY TREATMENT FACILITY (MTR) | DATE OF REFERRAL TO MEDICAL EVALUATION BOARD (MM/DD/YYYY) |
| WHAT IS YOUR ADDRESS Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country | | |
| WHAT ARE YOUR TELEPHONE NUMBERS? Daytime Evening Cell phone | | |
| WHAT IS YOUR E-MAIL ADDRESS (if applicable) | | |
| MEDICAL CONDITIONS TO BE CONSIDERED AS THE BASIS OF FITNESS FOR DUTY DETERMINATION (See only conditions reported by physician) | | |
| PREPARED BY | | DATE PREPARED |
| Section II: Tell us about yourself. Please provide a contact name and address. If you are on Temporary Duty, please indicate that on the VA Form 21-4138, Statement in Support of Claim available on the internet at www.va.gov/vaforms | | |
| 1. Have you ever filed a claim with VA? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide date of claim | | 2. Point of contact name and address Name Address |
| 3a. Did you serve under another name? <input type="checkbox"/> Yes (If "Yes," provide date of service) <input type="checkbox"/> No (If "No," go to item 4) | | 3b. Please list the other name(s) you served under |
| 4. I entered this current period of active service on: mo day yr | | 5. Place of entry |
| Section III: Tell us about your military service. Enter complete information for your service. Tell us about your reserve duty or National Guard Duty | | |
| 6. Are you currently assigned to an active reserve unit or National Guard Unit? <input type="checkbox"/> Yes (If "Yes," provide date of assignment) <input type="checkbox"/> No mo day yr | | 7a. What is the name and mailing address of your current unit? 7b. What is the telephone number of your current unit? (If applicable) |

VA FORM 21-0819 JUN 2009

SUPERSEDES VA FORM 21-0819, NOV 2008, WHICH WILL NOT BE USED





8. Additional Conditions - (Do you have any disabling conditions, other than those referred for the fitness for duty determination, that you feel were incurred in or aggravated by, your active military service?) Please list those disabilities below:

Section IV: MILITARY RETIRED PAY

The patient (with his or her complete service treatment record) meets with the VA's military services coordinator, and this block is completed with "Claimed Conditions"





DES Provider Referral Request to VA

- In order to easily verify and audit that the DoD is only paying for medical conditions to be considered as the basis of fitness for duty determination the referral:
 - Will be generated from the MEPRS FEDB, FEDC, or FEDD
 - Does not need to specify the type of specialist
 - Should enter “VA only: DES C&P exams for fitness for duty determination – total ____.”
 - Enter the number of conditions listed in the block on the front of the VA 21-0819
- The MTF referral section will forward it to the Managed Care Support Contractor who will provide the VA the appropriate number of conditions





Medical Evaluation for Retention - Initiation of the MEB Process of DES

- The DES case manager will work with the service member on scheduling the appointment(s)
- Member receives complete Review of Systems meeting criteria of VA Compensation & Pension General Medical Exam
- VA will submit a bill for the evaluations of conditions which may not meet retention standards
 - Electronically, through the Managed Care Support Contractor
 - MTF will audit to ensure only the DoD required conditions evaluations are billed





Medical Evaluation for Retention - Initiation of the MEB Process of DES

- DES-trained provider documents clinical assessment of all information related to member's disability case; to include commander's input – summarizes in MEB NARSUM/MEB disposition
- Medical Evaluation Board – DES trained providers review and recommend final disposition; approved by senior medical convening authority
- Service member can accept or rebut





Use

**“Medical
condition that
may not meet
medical
retention
standards”**





DES Case Manager - KEY to DES Pilot Process

- MTF person trained to guide the service member through the DES process and to counsel the member on the PEB determination
 - Physical Evaluation Board Liaison Officer (PEBLO)
 - Other





Physical Evaluation Board (PEB)

- DES Case file (MEB findings plus commander's assessment and other personnel information) forwarded to PEB
- PEB (made up of clinicians, line, and adjudicators) makes recommendation for final disposition
 - Return to duty
 - Could meet retention standards or
 - Not meet retention standards, but with receiving command making adjustments so member can perform duty
 - Unfit for continued service
 - May recommend a percentage of disability (30% = full benefits)
 - Separation with or without benefits
 - Disability retirement (permanent or temporary) depending if condition is stable enough to anticipate ultimate end condition
 - COAD/COAR





- VBA – Veterans Benefit Administration
 - Oversees benefits, such as medical eligibility, disability related compensation and pension, cemeteries, grave markers
 - Does not have hospitals or staff to treat patients
 - Duty to assist
 - Reviews service members' Service Treatment Record, and identifies those conditions that need to be evaluated
 - Compensation and Pension (C&P) disability evaluations
 - **CAPRI – Compensation and Pension Record Interchange**
- Military Services Coordinator (MSC) is a VBA asset





$$VA = VHA + VBA$$

- Veterans Health Administration (VHA)
 - Has healthcare providers to conduct Compensation and Pension (C&P) evaluations (disability assessments) to document current abilities and disabilities
 - Only conducts C&P evaluations requested by the Veterans Benefits Administration (VBA)
 - Has medical treatment facilities
 - BHIE – bi-directional health information exchange





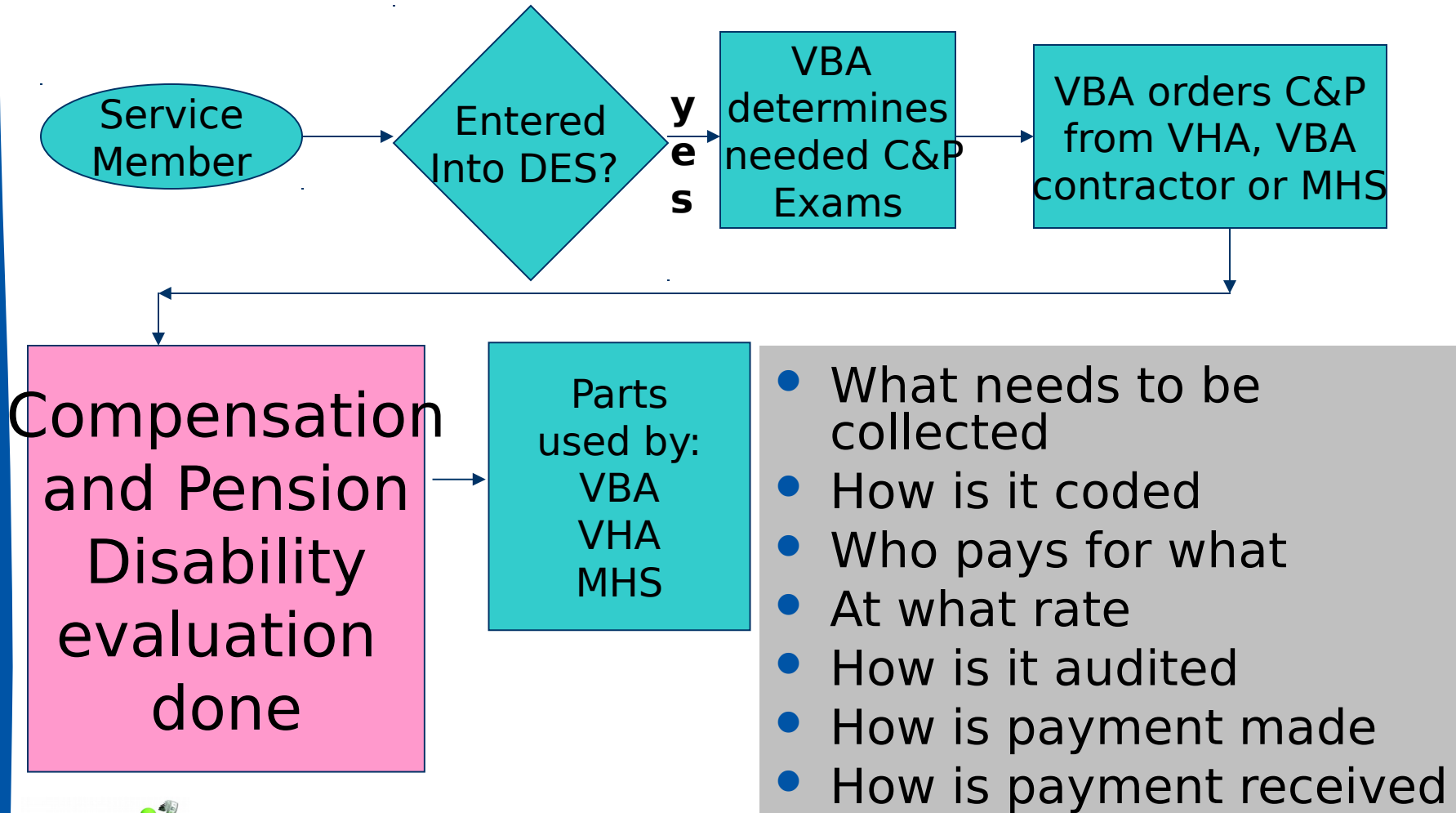
DES Pilot - Single Source VA Disability Rating % for DoD & VA

- VBA gives the DoD one rating % for each condition based on **VA** rating schedule (VASRD)
- DoD compensates service member only for conditions DoD deems “UNFIT for continued Service”
 - If the DoD compensates for 30% or more, then the service member is eligible for a number of benefits
 - Under 30%, he or she receives a separation payment
- VA provides benefits to the service member for all compensable disabilities





DES Pilot - Incorporating Processes into TRICARE





- Incorporate a single, standardized medical/disability evaluation
 - Have one set of physicals to meet the requirements of both the VBA and DoD
 - Standardize the DES process within the Tri-Services
 - Be able to use all necessary resources (VA right of first refusal, then MHS)
 - Have information to effectively monitor and document DES resources in DoD & VA
 - Have a equitable way to reimburse the agency (VA, MHS) for providing services for which they are not already being funded





- Provide fair, accurate and timely DES process for service members
 - Change DES from entirely sequential process to concurrent process
 - Decrease post-separation processing time for VA award processing
 - Ensure member has all the needed information to get all deserved benefits – MHS critical in members financial & health care future!





- Have service member satisfaction with the DES process
- Provide for a single-source disability rating
 - Consistent application of disability percentages
 - Have disability documentation available in both DoD and VA records – automated is goal





- Smooth transition from DoD health care to VA entitled health care benefits
 - Initiates first use of VA services while still on AD
 - Assumption: Service members in the DES have a higher potential for future VHA services than nonDES service members





- Initial Pilot in NCR; findings
 - Standardized DES procedures across Services
 - C&P Exam Worksheets provide a lot of information for DES-trained providers to adequately reflect the functional status of the individual as reflected in the clinical summary (NARSUM/MEB Report) for the MEB/PEB
 - PEB can use VA disability rating percentage for DoD
 - Need for TriService interoperability/automation
 - Eliminate unnecessary paperwork; improve monitoring





- At other than pilot sites, MTFs are providing MEB/PEB services either in the manner in which they always have or have made major changes
 - Usually this involves the MTF arranging for C&P disability evaluations to create a Narrative Summary of conditions that may not meet Service medical retention standards, and
 - AFTER all the MEB/PEB is done and the service member separates/is discharged/retired – THEN the VA process starts...
 - DoD & VA still independent disability programs
- Benefits Delivery at Discharge (BDD)
 - A similar program for service members leaving the DoD for other than medical reasons





- Monitor progress of member through the DES
 - Don't want to ever "lose" a Wounded Warrior referred to DES
- Monitor access standards
- Timeliness requirements
 - Track the number of days to complete each step in the DES process and total number of days from identification to resolution
 - It is good to have goals as then the staff know their expectations
 - Provide assistance to those MTFs not meeting goals
- Apply correct staffing to meet need
- Give credit for work provided





- MHS/VA billing
- MHS/VA payments
- Be able to anticipate future DoD manpower needs (e.g., a person with those diagnoses usually needs 5 exams and takes 210 days, so the position needs a backfill)
- Be able to anticipate future numbers of DES participants based on GWOT levels and past workload performance
- Ratio of 1:20 is only guestimate





DES Services to be Documented

- DES-trained **provider** reviews record for DES
 - Document in **MERS MEPRS (FEDB)** as this is time spent for decision to refer to **DES (This is administrative PERSONNEL task, not clinical treatment)**
 - Determines there is a condition which likely causes the SM not to meet Service retention standards and enters SM in DES
 - Does not have enough info, returns to initial referring provider
 - Determines that the condition is not stable, so a determination cannot be made as to the final condition, returns to initial provider
 - Determines Service retention standards are met and notifies initial provider





DES Services to be Documented by DES Case Manager (PEBLO/DES Admin Staff)

- Initial DES case manager counseling with service member
- Post MEB where DES case manager explains the recommendations
 - Service member can accept, not accept, or disagree with recommendation
- When the package goes to the PEB
- Appeals
- Other encounters





VA Compensation and Pension (C&P) Disability Examinations

- C&P exams do not include management of the patient
 - Does not include counseling, medical advice, development of a treatment plan, ordering therapeutic laboratory/imaging/ prescriptions
 - Technically not 99456, office visit or physical – NO MANAGEMENT
- C&P exam includes
 - Review of documents prior to appointment, which is more in-depth and time consuming than the usual E&M, and
 - Completion of one or more VA AMIE disability exam worksheets
 - Provide post encounter report which is usually more extensive than documentation associated with a physical, office visit, or consultation
- C&P exam does not involve a provider/patient relationship
Recommended it not be treating provider





- Need agreement for both VA and MHS to code in the same manner so we can bill each other electronically
- Need to use CPT/HCPCS codes so we can bill using HIPAA standard transaction
- TMA has requested new CPT codes from the AMA
 - 99611 Guidance for Administrative and Legal Needs – Brief
 - 99612 Limited
 - 99613 Moderate
 - 99614 Comprehensive





- Working on a DoD/VA agreement
- Working on having VA bill through TRICARE





- Be aware of the MHS information needs
 - Data may not be readily available using the standard coding systems in a standard way
- The process from the time a service member is found to have a medical condition that may not meet Service retention standards until the service member is:
 - Returned to duty
 - Medically separated or retired
 - Non-medically separated or retired
 - Leaves the program for other reason





- Be able to list three reasons why it is important to collect the DES data
 - Measure timeliness of process and different milestones within the process
 - Authorize payment for Compensation and Pension exams
 - Determine number of service members assigned to each DES Case Managers/DES-trained providers
 - Distribute resources (money, manpower, materials...)
 - Predict the future





- # 1 is the service member!
 - Never lose them in the process
 - Help them through the process
 - Be consistent in the application
 - Member's compensation (future) based on medical record - DoD & VA

